

03-09-01

A

Express Mail Label No.: EK611846606US

Date of Deposit: March 8, 2001

Attorney Docket No. 21486-038

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Calabresi *et al.*
 ASSIGNEE: Rhode Island Hospital, a Life Span Partner
 SERIAL NUMBER: To Be Assigned EXAMINER:
 FILING DATE: March 8, 2001 ART UNIT:
 FOR: COMBINATION DRUG THERAPY

March 8, 2001
Boston, Massachusetts

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

- ☒ Request for Filing a New Non-provisional Application (2 pgs.);
- ☒ Specification, Claims and Abstract (9 pgs.);
- ☒ Unexecuted Combined Declaration and Power of Attorney (3 pgs.);
- ☒ Check #8236 in the amount of \$355.00; and
- ☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at 617-542-6000, Boston, Massachusetts.

Although Applicants believe no additional fees are due in connection with this filing, the Commissioner is hereby authorized to charge any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 21486-038. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

IA Beattie

Ingrid A. Beattie, Reg. No. 42,306
 Attorney for Applicants
 c/o MINTZ, LEVIN
 One Financial Center
 Boston, Massachusetts 02111
 Tel: (617) 542-6000
 Fax: (617) 542-2241

03/08/01
 JC984 U.S. PRO

1-600 U.S. PRO
 09/802094
 03/08/01

FIRST-NAMED INVENTOR : C. J. VESI ET AL.

Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

7. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$710.00
Total Claims (37 C.F.R. 1.16(c))	20	- 20 =		\$ 18.00	0
Independent Claims (37 C.F.R. 1.16(b))	2	- 3 =		\$80.00	0
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))				\$270.00	0
SUBTOTAL:					\$710.00
Reduction by 50% for filing by small entity:					- \$355.00
TOTAL FEE:					\$355.00

8. ☒ A check in the amount of **\$355.00** is enclosed.
9. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 21486-038:
- ☒ Fees required under 37 C.F.R. §1.16;
 - ☒ Fees required under 37 C.F.R. §1.17;
 - ☒ Fees required under 37 C.F.R. §1.18.
10. ☒ Return Receipt Postcard Enclosed.
11. ☐ Other Documents Enclosed:
- ☐ Change of Attorney Address In Application.

Respectfully submitted,

I. R. Elrifi

Ivor R. Elrifi, Reg. No. 39,529
Ingrid A. Beattie, Reg. No. 42,306
Attorneys for Applicants
MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY and POPEO, P.C.
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241

Dated: March 8, 2001

TRADOCs:1447019.1(V0\$Z011.DOC)